

COLLIN COUNTY
PERSONNEL ACTION FORM

NAME: BERRY	DORIS	ELAINE	DATE: 5-19-89
LAST	FIRST	MIDDLE	DEPARTMENT: District Attorney
SOCIAL SEC. NO.: 450-80-1607			

EMPLOYMENT	Employment Date: 8-15-88	Job Title:	SALARY:
Previously Employed:	Original Employment Date:	Separation Date:	Supervisor:
ELIGIBILITY DATES: (For Office Use Only)		Vacation Days:	Sick Leave:
		Insurance: (Medical)	Self Dependents

Salary and/or title change	Current Job Title Legal Assistant	Current Salary \$2359.00	Range R16	Step B2
	New Job Title Misdemeanor Prosecutor	New Salary \$2569.00	Range R18	Step A
Reason: <input type="checkbox"/> Satisfactory Performance <input type="checkbox"/> Unsatisfactory Performance <input type="checkbox"/> Exceptional Merit				

TRANSFER	FROM:	TO:	SICK LEAVE	Dates of Sick Leave:
LEAVE OF ABSENCE Give Reason	FROM:	TO:		Previous Days Sick Leave Taken This Year:
RETURN	DATE:	<input type="checkbox"/> Ins. Notified		Was Doctor's Statement Furnished? <input type="checkbox"/> Yes <input type="checkbox"/> No

VACATION	Date Requested - From:	To:	Total Work Days Away	Previous Days Taken This Year
SEPARATION	Employment Date	Last Day Worked	Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain	
Vac. Pay No. Hrs.	Amt. Paid	Comp. Pay No. Hrs.	Amt. Paid	

- | | | |
|---|--|---|
| <input type="checkbox"/> Voluntary Retirement | <input type="checkbox"/> Return To School | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Mandatory Retirement. Co. Policy | <input type="checkbox"/> Family Problems | <input type="checkbox"/> Reporting Under Influence of Alcohol |
| <input type="checkbox"/> Death | <input type="checkbox"/> Resignation For Other Reasons | <input type="checkbox"/> Drinking On Duty |
| <input type="checkbox"/> Illness or Injury | <input type="checkbox"/> Reduction In Force | <input type="checkbox"/> Destruction or Removal Of Co. Property |
| <input type="checkbox"/> Leaving Area | <input type="checkbox"/> Habitually Absent or Tardy | <input type="checkbox"/> Falsification of County Records |
| <input type="checkbox"/> Accept Other Job | <input type="checkbox"/> Unreported Absence | <input type="checkbox"/> Misconduct |
| <input type="checkbox"/> Dissatisfied | <input type="checkbox"/> Leaving Work Without Permission | <input type="checkbox"/> Other (Explain in comments) |

How Many Days Advance Notice Given?

COMMENTS:

Dated this 22nd day of May, 19 89


COUNTY JUDGE

EFFECTIVE DATE: 6-1-89

DATE EMPLOYEE (IF APPLICABLE)

DATE DEPARTMENT HEAD

DATE PERSONNEL DIRECTOR